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JAN 06 2005

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Facsimile Transmittal

DATE: January 6, 2005

TO: USPTO

ATTN: AMENDMENT

RE: Serial No. 09/922,997

FAX : (703) 872-9306

FROM: Donald Kordich

Number of Pages Sent: (including this transmittal cover sheet)

ATTACHED HERETO IS AN AMENDMENT IN () PAGES; AND A
AMENDMENT TRANSMITTAL FORM IN (1) PAGE;

PLEASE CALL ME IF YOU HAVE ANY QUESTIONS.

I hereby certify that this correspondence is being sent VIA FACSIMILE to the Commissioner of Patents at fax number (703) 872-9306. Attention Office of Amendments, on:

January 6, 2005
(Date of Deposit)

Darla D. Kasmedo
(Name of the Person Making the Deposit)

(Signature)

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer No.: 23696
Attorney Docket No.: 010048
In Re Application of: Amerga, et al.
Serial Number: 09/922,997
Filed: 8/3/01
Examiner: J. NGUYEN
Group Art Unit: 2683

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Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid	
Total*	45	45		x \$50 =	\$0	
Independent**	9	9		x \$200 =	\$0	
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input type="checkbox"/> No				\$360	\$	
EXTENSION FEES				<input type="checkbox"/> One Month	\$120	\$
				<input type="checkbox"/> Two Months	\$450	\$
				<input checked="" type="checkbox"/> Three Months	\$1020	\$1020
TERMINAL DISCLAIMER				\$130	\$	
				TOTAL FEE	\$1020	

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$1020.
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: _____

Signature: _____

Ronald C. Kordich, Reg. No. 38,213
858-658-5928

QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☐ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: _____
(type or print name)

Date: 1/6/05

FACSIMILE

- ☒ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Darla Kasznedo
(type or print name)

Signature: _____

Attorney Docket No. 010048

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of

Amerga, et al.

Serial No. 09/922,997

Filed: August 3, 2001

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)
)

For: POSITION DETERMINATION IN
A WIRELESS COMMUNICATION
SYSTEM WITH DETECTION
AND COMPENSATION FOR
REPEATERS

) Group No. 2683

AMENDMENT

RECEIVED
CENTRAL INTELLIGENCE CENTER

JAN 06 2005

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated July 7, 2004, the time for responding having been extended three (3) months until January 7, 2005, please amend the above-identified application as follows. Please charge our deposit account number Deposit Account No. 17-0026 the extension fee of \$1,020.00.

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Depositor's Name: Darfa Kasmeda
(type or print name)

Signature: _____